

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155191		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/15/2024	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE KENTUCKIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2210 GREENTREE N CLARKSVILLE, IN 47129			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00442568.</p> <p>Complaint IN00442568 - Federal/State deficiency related to the allegations is cited at F842.</p> <p>Survey dates: October 11 and 15, 2024</p> <p>Facility number: 000100 Provider number: 155191 AIM number: 100266130</p> <p>Census Bed Type: SNF/NF: 52 Residential: 83 Total: 135</p> <p>Census Payor Type: Medicare: 7 Medicaid: 35 Other: 10 Total: 52</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 16, 2024.</p>			F 0000	<p>Please accept this plan of correction as our credible allegation of compliance. The facility respectfully requests a desk review to determine compliance.</p> <p>The filing of this plan of correction does not constitute that the alleged deficiency did in fact exist. This Plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and continue to provide quality care.</p> <p>Plan of Correction F 842</p> <p>I. Action taken for those residents identified: Resident B and C. Resident C's meal consumptions are being documented and audited. C.N.A. and Nursing staff have been re-educated to document meal consumption. Resident C no longer resides at Westminster. Resident B and C did not experience any adverse reactions.</p> <p>II. How other residents are identified: An audit of residents' meal documentation was completed on 10/23/24 for documentation of meal consumptions. Any issues identified of records lacking documentation of the meal consumption were addressed if</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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10/25/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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			<p>needed.</p> <p>III. System in place: The nursing team will be educated on documentation of meal percentages and how to monitor the completion of documentation. Date of education 10/16/24-10/24/24 Nursing staff was educated on Meal documentations on 10/16/24-10/24/24</p> <p>IV. How the facility will monitor and Quality Assurance program: The CNA's will document the meal consumption after each meal, the floor nurses will run a meal consumption report before the end of each shift, the DON or designee will audit the meal consumption report everyday x 1 week then weekly x 4 weeks, then monthly x 4 months The facility will monitor meal consumption documentation. Should concern(s) be identified, immediate corrective action shall be taken. The DON or designee will audit the meal consumption report everyday x 1 week then weekly x 4 weeks, then monthly x 4 months The Director of Nursing/Designee will provide the results from the audits to the Quality Assurance Performance Improvement Committee (QAPI). These findings will be reviewed for recommendations by the Quality Assurance Performance</p>		

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F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure residents meal consumptions were documented, per the plan of care, for 2 or 3 residents reviewed for medical records. (Resident B and Resident C)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 10/11/24 at 12:27 p.m. The resident's diagnoses included, but were not limited to, dementia, chronic obstructive pulmonary disease and depression.</p> <p>The care plan, dated 7/1/20, indicated the resident required setup assistance with meals and to monitor/document percentage eaten.</p> <p>Review of the August 2024 meal consumption record indicated the resident's following meal</p>			F 0842	<p>Improvement Committee (QAPI). These findings and review will be completed monthly and submitted to QAPI for a period of four months. The Committee will provide guidance for further action as needed. The QAPI team will meet once a month until the facility attains 100% compliance for 4 consecutive months. The Director of Nurses/Designee will be responsible for the coordination and monitoring. Date Complete 10/25/24</p> <p>Please accept this plan of correction as our credible allegation of compliance. The facility respectfully requests a desk review to determine compliance.</p> <p>The filing of this plan of correction does not constitute that the alleged deficiency did in fact exist. This Plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and continue to provide quality care.</p> <p>Plan of Correction F 842 I. Action taken for those residents identified: Resident B and C. Resident C's</p>		10/25/2024

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	<p>consumptions were not documented on the following dates:</p> <ul style="list-style-type: none"> - On 8/01/24, the resident's consumption for dinner was not documented. - On 8/02/24, the resident's consumption for dinner was not documented. - On 8/05/24, the resident's consumption for dinner was not documented. - On 8/06/24, the resident's consumption for dinner was not documented. - On 8/07/24, the resident's consumption for lunch was not documented. - On 8/09/24, the resident's consumption for dinner was not documented. - On 8/14/24, the resident's consumption for breakfast and lunch were not documented. - On 8/15/24, the resident's consumption for breakfast and lunch were not documented. - On 8/18/24, the resident's consumption for lunch was not documented. - On 8/25/24, the resident's consumption for breakfast and lunch were not documented. - On 8/30/24, the resident's consumption for breakfast and lunch were not documented. <p>Review of the September 2024 meal consumption record indicated the resident's following meal consumptions were not documented on the following dates:</p> <ul style="list-style-type: none"> - On 9/02/24, the resident's consumption for breakfast and lunch were not documented. - On 9/03/24, the resident's consumption for breakfast and lunch were not documented. <p>During an interview on 10/15/24 at 2:35 p.m., CNA (Certified Nursing Aide) 5 indicated all resident meals should be documented in the system.</p>				<p>meal consumptions are being documented and audited. C.N.A. and Nursing staff have been re-educated to document meal consumption. Resident C no longer resides at Westminster. Resident B and C did not experience any adverse reactions.</p> <p>II. How other residents are identified: An audit of residents' meal documentation was completed on 10/23/24 for documentation of meal consumptions. Any issues identified of records lacking documentation of the meal consumption were addressed if needed.</p> <p>III. System in place: The nursing team will be educated on documentation of meal percentages and how to monitor the completion of documentation. Date of education 10/16/24-10/24/24 Nursing staff was educated on Meal documentations on 10/16/24-10/24/24</p> <p>IV. How the facility will monitor and Quality Assurance program: The CNA's will document the meal consumption after each meal, the floor nurses will run a meal consumption report before the end of each shift, the DON or designee will audit the meal consumption report everyday x 1 week then weekly x 4 weeks, then monthly x 4 months</p>		

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	<p>2. The clinical record for Resident C was reviewed on 10/11/24 at 1:20 p.m. The resident's diagnoses included, but were not limited to, dementia, depression and left sided hemiplegia and hemiparesis.</p> <p>The care plan, dated 10/21/22, indicated the resident required set up assistance with meals and to monitor/document percentage eaten.</p> <p>Review of the August 2024 meal consumption record indicated the resident's following meal consumptions were not documented on the following dates:</p> <ul style="list-style-type: none"> - On 8/01/24, the resident's consumption for dinner was not documented. - On 8/02/24, the resident's consumption for dinner was not documented. - On 8/05/24, the resident's consumption for dinner was not documented. - On 8/07/24, the resident's consumption for lunch was not documented. - On 8/09/24, the resident's consumption for dinner was not documented. - On 8/11/24, the resident's consumption for dinner was not documented. - On 8/12/24, the resident's consumption for breakfast and lunch were not documented. - On 8/14/24, the resident's consumption for lunch was not documented. - On 8/15/24, the resident's consumption for breakfast and lunch were not documented. - On 8/25/24, the resident's consumption for breakfast and lunch were not documented. - On 8/30/24, the resident's consumption for breakfast and lunch were not documented. <p>Review of the September 2024 meal consumption record indicated the resident's following meal</p>				<p>The facility will monitor meal consumption documentation. Should concern(s) be identified, immediate corrective action shall be taken.</p> <p>The DON or designee will audit the meal consumption report everyday x 1 week then weekly x 4 weeks, then monthly x 4 months</p> <p>The Director of Nursing/Designee will provide the results from the audits to the Quality Assurance Performance Improvement Committee (QAPI). These findings will be reviewed for recommendations by the Quality Assurance Performance Improvement Committee (QAPI). These findings and review will be completed monthly and submitted to QAPI for a period of four months. The Committee will provide guidance for further action as needed. The QAPI team will meet once a month until the facility attains 100% compliance for 4 consecutive months.</p> <p>The Director of Nurses/Designee will be responsible for the coordination and monitoring.</p> <p>Date Complete 10/25/24</p>		

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	<p>consumptions were not documented on the following dates:</p> <ul style="list-style-type: none">- On 9/02/24, the resident's consumption for breakfast and lunch were not documented.- On 9/03/24, the resident's consumption for breakfast and lunch were not documented.- On 9/06/24, the resident's consumption for breakfast and lunch were not documented.- On 9/08/24, the resident's consumption for dinner was not documented.- On 9/09/24, the resident's consumption for breakfast and lunch were not documented.- On 9/10/24, the resident's consumption for breakfast, lunch, and dinner were not documented.- On 9/13/24, the resident's consumption for dinner was not documented.- On 9/14/24, the resident's consumption for dinner was not documented.- On 9/15/24, the resident's consumption for lunch and dinner were not documented.- On 9/16/24, the resident's consumption for breakfast, lunch, and dinner were not documented.- On 9/19/24, the resident's consumption for breakfast and lunch were not documented.- On 9/22/24, the resident's consumption for breakfast and lunch were not documented.- On 9/24/24, the resident's consumption for dinner was not documented.- On 9/25/24, the resident's consumption for lunch was not documented.- On 9/28/24, the resident's consumption for dinner was not documented. <p>Review of the October 2024 meal consumption record indicated the resident's following meal consumptions were not documented on the following dates:</p>						

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	<p>- On 10/01/24, the resident's consumption for breakfast, lunch, and dinner were not documented.</p> <p>- On 10/02/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 10/03/24, the resident's consumption for breakfast, lunch, and dinner were not documented.</p> <p>- On 10/04/24, the resident's consumption for dinner was not documented.</p> <p>- On 10/07/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 10/08/24, the resident's consumption for lunch was not documented.</p> <p>- On 10/09/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 10/10/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 10/13/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>On 10/15/24 at 11:26 a.m., the Director of Nursing provided a current copy of the document titled "Nutrition (Impaired).Unplanned Weight Loss - Clinical Protocol: dated 9/2017. It included, but was not limited to, "The nursing staff will...document the...dietary intake of residents in a format which permits comparisons over time...."</p> <p>On 10/15/24 at 3:15 p.m., the Infection Preventionist provided a current copy of the document titled "Preparing the Resident for a Meal" dated 9/2010. It included, but was not limited to, "The purpose of this procedure is to prepare the resident...in order to help make meal time pleasant for the resident...Documentation...The date and time...How the resident tolerated the procedure...."</p>						

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	This Citation relates to Complaint IN00442568 3.1-50(a)(1)						